

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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**Commissioner for Patents**  
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**Alexandria, Virginia 22313-1450**  
**or Fax (571) 273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

68174 7590 11/30/2007

Patrick S. Yoder  
 FLETCHER YODER  
 P.O. Box 692289  
 Houston, TX 77269-2289

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Lynda Howell (Depositor's name)  
 (Signature)  
 February 6, 2008 (Date)

02/13/2008 WASFAW2 00000001 502402 09619957

01 FC-1501 1440.00 DA

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/619,957      | 07/20/2000  | James F. Kohli       | 15SV5489-1/YOD      | 3647             |

TITLE OF INVENTION: SECURE MEDICAL FACILITY REPORT PREPARATION AND DELIVERY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1440    | \$0             | \$1740           | 02/29/2008 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| MORGAN, ROBERT W | 3626     | 705-002000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FLETCHER YODER  
 2  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE Medical Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pewaukee, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

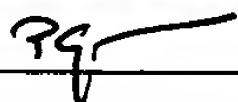
☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2402 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Date

February 6, 2008

Typed or printed name

Patrick S. Yoder

Registration No.

37,479

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:  
James F. Kohli

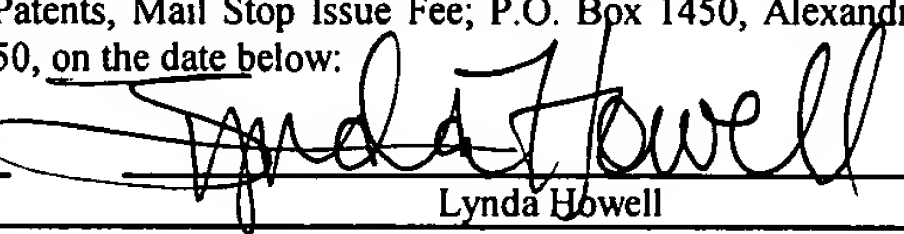
Serial No.: 09/619,957

Filed: November 30, 2007

For: SECURE MEDICAL FACILITY  
REPORT PREPARATION AND  
DELIVERY

§  
§ Group Art Unit: 3626  
§  
§ Examiner: Morgan, Robert W.  
§  
§ Confirmation No.: 3647  
§  
§ Atty. Docket: 15SV5489-1/YOD  
§ GEMS:0085  
§

**MAIL STOP ISSUE FEE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

| CERTIFICATE OF MAILING<br>37 C.F.R. 1.8  |   |
|--|---|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Mail Stop Issue Fee; P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date below: |   |
| February 6, 2008   |  |
| Date   | Lynda Howell  |


Sir:

**TRANSMITTAL LETTER FOR SUBMISSION OF ISSUE FEE**

In response to the Notice of Allowance and Fee(s) Due mailed November 30, 2008, please charge the requisite Issue Fee of \$1,440.00, and any additional fees which may be required, to Deposit Account No. 50-2402; Order No. 126762-1/YOD (GEMS:0085).

Respectfully submitted,

Date: February 6, 2008

  
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